

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15730

State File No.

FILED APR 23 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3869	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2169			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY Hosp.				STREET ADDRESS (If rural, give location) 16 2843 PENNSYLVANIA			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) H.		c. (Last) GRABER		4. DATE OF DEATH (Month) (Day) (Year) APRIL 12 1953	
5. SEX MALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 22 1871	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BRUSH MAKER BETZOLD CO.		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS Mo		11. BIRTH PLACE (City and State or Foreign Country) ST. LOUIS Mo	
11a. FATHER'S NAME HERMAN H GRABER		11b. MOTHER'S MAIDEN NAME CAROLINE LANDHARR		11c. NAME OF HUSBAND OR WIFE MARY GRABER (DEC'D)		12. CITIZEN OF WHAT COUNTRY?	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		14. SOCIAL SECURITY NO.		15. INFORMANT'S SIGNATURE OR NAME HENRY P. GRABER		ADDRESS 5316 Miami	
16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		17. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of skull Subdural Hematoma ANTECEDENT CAUSES suffered when struck by car operated by one Lee L. Young and intersection of Calhoun and Sidney Sts. about 800pm April 11 1953. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				18. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ooo Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 11 53 8:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		E8124	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 600A m., from the causes and on the date stated above. 25							
23a. SIGNATURE (Degree or title) Patrik E Taylor Coroner				23b. ADDRESS 1800 Clark		23c. DATE SIGNED 4. 14. 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-15-53		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
DATE REC'D BY LOCAL REG. APR 14 1953		REGISTRAR'S SIGNATURE Leah Smith		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Antis		ADDRESS 2906 Geavie	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4347

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.